



Pharmacy Technician Credentialing  
PO Box 47877  
Olympia, WA 98504-7877  
360.236.4700

## Law Study Verification

\_\_\_\_\_ has completed a minimum of eight hours of study and discussion of Washington State pharmacy law under my supervision and possesses a working knowledge of this law.

### Pharmacist information:

Printed name:
Signature:
WA License number:

### Pharmacist contact information:

Name:
Street:
City:
Phone (enter 10 digit #):
Date:
Email Address: